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AUG 05 2005

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30567 7590 07/14/2005

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P.O. BOX 0212
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Adjustment date: 08/09/2005 HDESTA2
11/15/2004 MAHMED2 00000087 502035 10068194
01 FC:2501 685.00 CR

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LEVENFELD PEARLSTEIN

(Depositor's name)

Leon I. Edelson

(Signature)

August 5, 2005

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/068,194 | 02/05/2002 | Germaine Caprio | 31287-36223 | 7087 |

TITLE OF INVENTION: NURSING GARMENT AND SUPPORT BRA

08/09/2005 HDESTA2 00000167 502035 10068194
01 FC:2501 700.00 DA

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES | \$15 | \$0 | \$15 | 10/14/2005 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|----------------|----------|----------------|
| HALE, GLORIA M | 3765 | 450-036000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.
2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
- 1 Leon I. Edelson
2 William C. Clarke
3 Levenfeld Pearlstein

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Raggle, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Oak Park, Illinois USA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- Issue Fee
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502035 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Leon I. Edelson

Date August 5, 2005

Typed or printed name

Leon I. Edelson

Registration No. 38,863

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